



forum

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Tamura, Sasakawa, and Fujita Now Translated

Yoshihiro Imagawa, MD, and Kenichiro Imagawa, MD *Yokohama, Japan*



Dr. Masao Sasakawa

Dr. Masao Sasakawa appears to have been the earliest of the Japanese hair pioneers. Born in Tochigi in 1887, he graduated from the Tokyo University School of Medicine in 1912. By 1916 he was Professor of Dermatology at Nagasaki University. From 1919 to 1922 he studied abroad in Switzerland, Paris, Austria, Germany, England, and the USA, so he must have been reasonably competent in the German, French, and English languages. He was appointed Professor at Keio University School of Medicine in 1922 but died of a urological disease in 1932 at only 45 years of age.

The Published Work of Dr. Sasakawa

Concerning hair grafts. *Japanese J of Dermatol and Urology*. Vol. 30, No.5, p. 76 (May 1929).

Dr. Masao Sasakawa summarized hair implant experiments in the past dating back to 1875 and reported on his own experiments on this subject.

Method: Using a specially designed needle he inserted doubled-up hairs deep into the subcutaneous tissues and allowed them to become fixed by the connective tissue for a period of up to 10 months.

Subjects: 1 case of "malignant total alopecia" (? Alopecia totalis) and 2 cases of cicatricial alopecia were included.

Results: Dr. Sasakawa was surprised at the adhesive strength of the implanted hairs. Some required up to 80gm tension before removal compared to the average of 52.3gm for normal Japanese hairs. Experiments with human female hair in rabbits showed less cellular infiltration than expected and poor fixation. He concluded by saying that if the method could be further improved, it would become a promising and interesting method of cosmetic dermatology.

Editor Emeritus' Note. This was a very far sighted observation as implants of artificial hair became very popular in the late 1970s. They were eventually banned in 1984 in the United States because of the occasional severe reaction and

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Registration now open for the 12th Annual Scientific Meeting, Vancouver

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The ISHRS Golden Follicle Award sculpture, as seen on the cover of this issue, was designed by Francisco Abril, MD. Dr. Abril offers for sale, copies of a small bronze hair follicle sculpture (10" high). For more information, please contact: Clinica Dr. Francisco Abril, PO dela Habana, 137, 28036 Madrid, Spain. Phone: 34-1-359-1961; Fax: 34-1-359-4731.



President's Message



Mario Marzola, MBBS
Adelaide, Australia

Dear Colleagues,
 Entrepreneurship in Hair Restoration Surgery is alive and well. We are in a field of medicine that's always been a little different, looked at with some jaundice by our more traditional

medical colleagues. Just a bunch of hustlers they say, why on earth would you want to get involved?

Well, in a way, the relationship we have with our hair restoration patients has taken medicine back to where it should be, just a personal relationship between doctor and patient. No government Medicare plan, no HMO, no third-party insurance company telling us what to charge, how many patients we can see in a day, etc. etc. So it's all up to us, we can make this specialty the best there is, or we can mess it up. We can decide to specialize in minigrafts, micrografts, follicular unit transplantation, follicular unit extraction, alopecia reductions and flaps, female hair loss, repair work from medical conditions and accidents or just maybe all of the above. We can decide to move from our original field of activity to hair restoration slowly or quickly depending on the amount of advertising, promotion, and marketing we wish to do.

Yes, in most countries of the world we are now legally able to promote our practice due in no small part to Dr. Larry Bosley and his peers who opened the doors to medical advertising many years ago. We can promote honestly and ethically or we can tell half truths, use innuendo, and denigrate our colleagues in a mad scramble to reach the top. But those of us who have been around a while know that the chickens have a habit of coming home to roost, that our patients will soon discover if our advertising is dishonest and our techniques deficient. The Internet especially has allowed this type of information to travel very quickly and hooray for that we say.

So please be a little modest. By all means dream of what can be done, and dare to try. Maybe you will be the one to find the key to doubling our meager 3% penetration of the hair loss market. Maybe you can invent a graft preparation or a hair implanting machine that will reduce each operation to one hour. There is so much left to be done. Help us to help our patients with your entrepreneurial skills, your imagination, and lateral thinking. What an exciting field to be in. No wonder all my colleagues stuck in a government controlled practice are green with envy, no longer looking down their noses.

Enjoy our specialty but look after it also.

Cheers. ♦ *Mario Marzola, MBBS*

To Submit an Article or Letter to the *Forum* Editors

Please send submissions via a 3½" disk or e-mail, Remember to include all photos and figures referred to in your article as separate attachments (JPEG, Tiff, or Bitmap). For e-mail submissions, be sure to ATTACH your file(s)—*DO NOT* embed it in the e-mail itself. **We prefer e-mail submissions with the appropriate attachments.** Any person submitting content to be published in the *Forum* agrees to the following: 1. The materials, including photographs, used in this submission do not identify, by name or otherwise, suggest the identity of, or present a recognizable likeness of any patient or others; or, if they do, I have obtained all necessary consents from patients and others for the further use, distribution, and publication of such materials. 2. The author indemnifies and holds harmless the ISHRS from any breach of the above. *Send to:*

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Submission deadlines: May/June, April 10 • July/August, June 10

Co-Editors' Messages



William M. Parsley, MD
Louisville, Kentucky

Every specialty needs a hero now and then—someone who selflessly gives a large portion of his life with no expectation of anything in return. Well, we have such a person. Dr.

Yoshihiro Imagawa, the father of Dr. Kenichiro Imagawa, has now not only translated Dr. Okuda's work but also the work of Drs. Tamura, Sasakawa, and Fujita. For those not familiar with these names, in the late 1930s and 40s these Japanese doctors did some incredible work, using techniques similar to our most advanced techniques today. Unfortunately, the value was not appreciated and the works were essentially forgotten. Thousands of transplant patients in the 30-year period from

1960—1990 were denied a far better procedure, and these techniques had to be rediscovered. With Dr. Imagawa's translation, the efforts of these men will receive some long overdue recognition. And it didn't happen too soon—they were written in an older form of Kanji that is not well understood in modern Japan and would probably never have been properly translated without Dr. Imagawa's timely effort.

For some time I have been planning to rate what I consider the biggest myths in our field, realizing that no one will agree with all of my opinions. In reverse order of importance, here are my top 10 myths:

- ⑩ *One needs to come from some form of cosmetic surgery background to be a top transplant surgeon.* This is far from true. Any physician who rolls up his or her sleeves and learns the intricacies of the procedure can be a top transplant surgeon. Examples include Drs. Manny Marritt (psychiatry),

Mike Beehner (family practice), Ed Epstein (urology), and Bill Reed (emergency medicine). There are many others and, instead of being handicapped, they bring a unique set of talents that enhance our field.

- ⑨ *Alopecia reductions are a thing of the past and not needed with today's techniques.* This myth has a number of talented doctors, who have done scalp reduction successfully for years, upset—and with good reason. While newer designs and techniques have reduced their need, we frequently have cases in which nothing will adequately substitute for these procedures. In the proper patient with the proper technique, results can be rewarding. It will be a severe loss if we let these skills disappear.
- ⑧ *Follicular units are the only way to go, and those who use other techniques are substandard doctors.* Follicular unit grafting has truly been a revolution

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Michael L. Beehner, MD
Saratoga Springs, New York

Anyone who has followed the progress of hair transplantation in the past several years would certainly notice that there has been, to some degree, a "macho" race amongst hair surgeons to leap

forward and outdo each other in the number of grafts placed per session, the density of the placement of those grafts, and in proclamations to their patients of how few sessions the entire process could be completed in. Several years ago, when Bill Rassman announced he was doing 1,000 FUs in a session, there were "oohs" and "ahs" and dire warnings about necrosis and a thousand other terrible things that might happen. Fast forward to 2004: If you aren't doing at least 1,000 grafts per session, you would be accused of only half trying and

"holding back" on your patient. As everyone knows, the numbers continued to climb—first to 2,000 then to 3,000, and, more recently, reports from Canada of one practice accomplishing several sessions over 5,000 FUs, using donor strips up to 2cm in width and 28cm in length. We have "raised the bar" so high, it almost strains the imagination to believe it is possible. Another practitioner from Canada this year actually reported planting over 90 FUs in a single square centimeter. That is very close to the old argument about how many angels can dance on the head of a pin! Think about it! NINETY holes in a square centimeter!! And then there are still practices (not the ones mentioned above, I must add) who routinely make the public believe that a "full head of hair" is possible in only one session. The result of this "progress" is that often the other doctors who are lagging behind with smaller, less dense hair transplant sessions are made to feel inadequate, especially in the public

sphere of the Internet sites, where final judgments are made by various self-appointed authorities.

The bottom line, obviously, is that every physician has to do what he or she feels comfortable with, using whatever method works best in his or her hands. My own position is very close to that of Mario Marzola, our esteemed president, who recently e-mailed me that he is most comfortable doing sessions usually no larger than 2,000 or so FUs, using whatever length of strip he needs, but keeping the width of the strip under 1cm. I realize that the doctors using wide strips first evaluate scalp laxity, but I still think there is a large risk of getting wide, un-fixable donor scars if all hair surgeons are led to believe that taking 3,000–5,000 FUs is a reasonable, routine approach to donor harvesting.

Regarding density of graft placement, I think the burden is still on those using "dense packing" to prove that a reasonable percentage (i.e., at least 80%) of the

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Notes from the Editor Emeritus



Richard C. Shiell, MBBS
Melbourne, Australia

In the last Issue of the *Forum* we published a summary of the translation of the hair transplant articles written by Shoji Okuda. In this issue we are publishing

summaries of the papers of the other Japanese pioneers: Sasakawa (1929), Tamura (1937), and Fujita (1953). The translations were once again courtesy of 82-year-old gynecologist Dr. Yoshihiro Imagawa.

We encouraged the Imagawas to try and find some biographical material on these pioneers. This was previously thought to be nearly impossible due to the disruption during WWII. Then Kenichiro noted that Drs. Sasakawa and Tamura had, by coincidence, both been affiliated with his own Alma Mata, Keio University, which has the oldest private School of Medicine in Japan. A check of the official university history produced immediate results, and a location of Year Books yielded some valuable biographical information about both men. Dr. Okuda proved more difficult to locate and we are still working on his profile.

The surprising thing is that NONE of these pioneers were killed in the War as was originally supposed. Sasakawa died early in 1932 and the others worked at University dermatology posts right through the War and died of natural causes many years later. By this time HT was well established as a cosmetic procedure in the West, but there is no evidence that they ever revisited this area of interest from their earlier years. We are indebted to Kenichiro and Yoshihiro Imagawa for making this information available to us.

Follicular Unit Extraction

Bill Rassman is an incredibly capable and innovative man. He had a most

interesting career in and outside the field of medicine. After entering the field of hair transplantation he has made many notable contributions, and his active championing of the "megasection" technique greatly speeded up its acceptance worldwide (the technique had been introduced earlier by Carlos Uebel in Brazil and the Moser Group in Vienna but acceptance was slow before taken up and publicized by Bill Rassman's NHI group).

Bill has turned his attention to direct follicular unit extraction these past 4 years (now known as FUE or FOX technique), and a summary of his progress findings appeared on page 9 of the January/February 2004 issue of the *Forum*. It is a pity that this research has been necessary at all because, if Dr. Ray Woods had followed the usual medical protocols and published his methods, this would have been redundant. The technique would now be freely available worldwide and probably bear his name. In fact, the Japanese doctor Masumi Inaba had invented a similar technique a decade earlier but this was not discovered in the West until the publication of his book *Androgenetic Alopecia* in the mid-1990s.

Dr. Woods still remains secretive of his methods, and the techniques have had to be rediscovered to the detriment of those who would benefit from this technique. Many doctors, myself included, have used similar methods and all agree that it is tedious and expensive and it requires a great deal of a doctor's time. There is no doubt that the method has a place and that we will hear much more of it in the years ahead. Its final place in our armamentarium will be decided by history.

European Meetings

For those thirsting for a touch of European culture mixed with hair transplantation, there is a dazzling array of choice this summer with the European Society meeting in Florence

May 20–23, the DHI meeting in Athens and the Aegean May 23–27, and Italian Society meeting in Turin June 3–5. You can attend all three if you have the strength but start practicing your dancing and red wine consumption right now as you need to get into shape for "three on the trot."

Apart from the usual 3 day cruise of the Aegean, the DHI meeting is featuring FUE at the Athens Clinic on May 23 with 5 live operation including FUE grafts from the body to the scalp. The DHI clinic has now switched entirely to FUE and will discuss the pros and cons of this in detail at the meeting. Contact www.aegeanmasters.com for further information.

Fashion Shift to Longer Hair

Australians suffered a double disappointment in January. The first was the elimination of our two male stars Hewitt and Philapousis from the Australian Open in the quarter finals but then our "adopted" favorite and three-time previous winner Andre Agassi was eliminated in the semis. Every cloud has a silver lining, however, and as the one-sided final was slugged out from the baseline by Swiss player Roger Federer and Russian Marat Safin it was evident that a new era of tennis was emerging. **BOTH men had shoulder length long hair tied up under their sun hats.**

The change to longer hair has been going on quietly for the past several years amongst fashion-conscious males. Unfortunately, while popular sports stars like Agassi still favored an ultra-short hairstyle, little penetration could be made into the mass market. The "changing of the guard" in world tennis may do more to changing male fashion than a hundred fashion magazines. Now let us see what we can do about those shaven headed basketball stars! ♦

Richard Shiell, MBBS

Now Translated

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infections. Although still far from perfected, they have been improved considerably over the past 20 years. It has been reported that over a million artificial hairs of various types are inserted each week in countries other than the United States and Canada.



Dr. Hajime Tamura

Dr. Hajime Tamura was born in Ibaragi in 1897. He graduated in 1923 from Keio University School of Medicine and was Professor of Urology at Tokyo Women's Medical College in 1937 at the time that he reported on transplantation of pubic hair in women.

Once becoming Professor at Keio University in 1944, he appeared to lose interest in such matters but he lived on well into the age of hair transplantation in the West, dying on January 28, 1977.

The Published Work of Professor Tamura

1. Concerning hair transplantation of pubic hair. *Japanese J of Dermat and Urology*. Vol. 41, No.4, p 597 (1937)

This was a brief report of a paper that was presented to the 5th Kanto-Tohoku Joint Regional Convention at Kanazawa University on September 6, 1936. Dr. Hajime Tamura performed 127 cases of hair implants to the pubic region of women and 1 male over an 18-month period. The donor material was shaved pubic hair and did not include the hair follicles. The source of the donor hair was unstated but presumably they came from cadavers or from other patients. After implantation, the hairs were tied to adjacent pubic hairs in some unspecified manner.

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The Individuals behind Translating the Japanese Pioneer Papers

Richard C. Shiell, MBBS *Melbourne, Australia*

Yoshihiro Imagawa, MD

Yoshihiro was born in 1922 at Kokura, a suburb of what is now Kitakyushu City. He graduated from the Kyushu University Medical College in 1945. For the next four years he worked in the OB-GYN Department of the Kokura City Hospital and gained his Board Certificate in 1950. He set up in private practice and at the same time commenced post-graduate studies in cancer research. He had married in 1947 and had four children by this time.

In 1962, Dr. Imagawa sat for and passed the U.S. examination for Foreign Medical Graduates and leaving his wife and children behind in Japan, became a \$400 a month Resident in OB-GYN at St. John's Episcopal Hospital in Brooklyn, New York. He returned alone to the United States again in 1968-69, this time to Mt. Sinai Hospital New York to become an Anesthesiology Resident. He sat for his Boards in Anesthesiology and was awarded his F.A.C.A in 1973.

This multi-talented man did further study in Cytologist in 1984 and today at the age of 82 still practices Obstetrics and Gynecology in his private clinic in Kokura, where he has remained for the past 52 years.

Yoshihiro claims to have learned English by watching American movies with his son Kenichiro in the years after the War. This does not explain his considerable competence in the language and its complex spelling and grammar so one must suspect that this is somewhat of an exaggeration. *Inspired to learn English by watching American movies* is probably closer to the truth. A lot of hard study and practice must have surely been required to reach a level of literacy sufficient to work in New York City hospitals.

Kenichiro Imagawa, MD

Kenichiro, the son of Yoshihiro, was born in 1948 and graduated from Keio University School of Medicine in 1974. Kenichiro clearly remembers his father's long absences from the family but he explains that this was a different generation. Many men had been away at the War for long periods and women were used to managing alone in those days.

Ken followed his father into Obstetrics and was Board Certified in OB-GYN in 1980.

Later, seeking to make his own way in the world, Ken joined the staff of the Yokohama Plastic and Aesthetic Surgery Clinic in 1982 and became its Director in 1985. He was a Foundation Member of the Japan Society of Hair Restoration Surgery in 1995 and became its President in 1998-99. He has been a member of the ISHRS since 1994 and now runs a first-rate hair transplant Clinic in Yokohama with a staff of 10 and using follicular unit transplantation methods exclusively. Ken is married to Megumi and they have two children.

Now Translated*continued from page 45*

Results were presumably given to the meeting but not reported in this Abstract. He alludes to the poor results in a later paper.

2. Concerning hair transplantation (2nd report). *Japanese Journal of Dermatol and Urology*. Vol. 53, No. 2, p. 76 (1943)

In this 2nd report Dr. Tamura stated that his earlier effort in 1937 to transplant individual hair fibers was not successful. The hairs seemed satisfactory for a few days but many became inflamed and infected while others developed sebum plugs.

Dr. Tamura reported on further experiments performed since 1939 in which he transplanted tiny, full-thickness grafts of scalp tissue into regions of acquired hair loss in women. Of these cases, 130 were for genital atrichia, 4 for scalp cicatricial alopecia, and 1 case each of eyebrow and axillary atrichia. This method was based on the methods of Drs. Maeda and Okuda.

Method: A "spindle shaped" strip of donor scalp was excised and the subcutaneous fat was removed. The strip was dissected into small strips containing one or more hairs, making sure that there was some surrounding tissue still attached. For ease of handling, Dr. Tamura liked to leave 3–4mm of hair on each graft. After dissection, the grafts were immersed in saline until inserted into "large calibre needle holes" or 1–2mm circular holes that had been created with a small trephine. The area was covered with olive oil gauze and a bandage applied.

Results: Hair growth was noted "sooner or later" and Dr. Tamura emphasized the importance of keeping the grafts small "otherwise it grows brush-like and of unnatural appearance." He also stated that he usually used single-hair implants and, although it was a very painstaking procedure, the result was often so good it was indistinguishable from normal hair growth.



Dr. Keiichi Fujita

Dr. Keiichi Fujita was born in Fukushima and was a 1947 graduate of Tokyo University School of Medicine. He became a Dermatologist and served at the Dermatological Department of Tokyo University Hospital from 1947–1957. During this period, he was also working at the Tama Zensei Yen (Institute of Hansen Disease) where he did HT for reconstruction of eyebrows and published papers in 1953 and 1954. From 1957 he worked at the Japanese Army Medical Hospital and Medical College. Like Prof. Tamura, he appears to have written no more papers on the subject although he lived on well into the age of hair transplantation in the West, dying in 1985.

The Published Work of Dr. Keiichi Fujita

1. Brow plasty. Published in the *journal Lepra* 22, Vol 4, p. 218 (July 1953)

Dr. Fujita, working at the Tama Sensei Yen Hospital, experimented with hair shaft implants and living hair follicle grafts from the scalp inserting them into patients who had lost eyebrow hair due to leprosy (Hansen's Disease).

Dr. Fujita claimed almost 100% success when using single-hair autografts. He commented that although the eyebrow hairs grew long and had to be trimmed frequently, the growth rate weakened within a year and became more like eyebrow hair.

He also found that if the donor scalp tissue was kept in the refrigerator for 3–4 days, it would still give good results though not as good as when fresh.

2. Homologous punctiform living hair graft. Published in the *journal Lepra* 23, Vol 6, p. 364 (November 1954)

Dr. Fujita, now at the Tokyo University Dermatology Department, described his experiments with hair transplants in humans using homografts and unspecified heterografts. He described how the crusts fall off at 10 days as usually seen with autografts, but at 60–70 days the grafts suddenly suppurates and is expelled, leaving a depressed scar after healing is complete. This occurred even in cases where donor and recipient had the same blood group. ♦

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